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FILED JAN 22 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44230

Registration District No. 903 Primary Registration District No. ~~903~~ 4545 Registrar's No.

13

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant city, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth
(c) City or town Grant city (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BESSIE ELOREE TURNER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 11 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	11	21	hr. min.

9. Birthplace Stanberry (City, town, or county) Mo (State or foreign country)
10. Usual occupation School teacher
11. Industry or business
FATHER 12. Name George Turner
13. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hattie Swank
15. Birthplace Grant city (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Hattie Turner
(b) Address Grant City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12, 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Grant city, Cem.
18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant city, Mo.
19. (a) Dec 4, 1940 (Date received local registrar) (b) Clifford Hass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1940 hour 4 minute — M.
21. I hereby certify that I attended the deceased from 6-1, 1940 to 12-2, 1940
that I last saw her alive on 12-1-40, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Both Breasts	1 yr.
Due to 50	
Due to	
Other conditions (Include pregnancy within 3 months of death) Metastasis to lung	2 weeks
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature C J Rass MD (M. D. or other)
Address Date signed 12-2-40

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.